Item No: 17

Meeting Date: Wednesday 29th June 2022

Glasgow City
Integration Joint Board

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Annual Risk Management Review 2021/22	

Purpose of Report:	The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity and risk registers maintained within the Glasgow City Health & Social Care Partnership during 2021/22.

Background/Engagement:	The IJB Risk Management Strategy states that the risk registers maintained by the Partnership are subject to quarterly review by the Finance, Audit and Scrutiny Committee on behalf of the Integration Joint Board, with an annual review report to the Integration Joint Board.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☒

Recommendations:	The Integration Joint Board is asked to: a) note the content of this report; and b) note the attached Integration Joint Board, Social Care and Health risk registers contained in Appendix A.

Relevance to Integration Joint Board Strategic Plan:

Risks to the delivery of the IJB Strategic Plan are identified in the risk registers.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	N/A

Personnel:	Personnel risks are identified in the registers

Carers:	N/A

Provider Organisations:	Risks in relation to provider organisations are identified in the registers

Equalities:	N/A

Fairer Scotland Compliance:	N/A

Financial:	Financial risks are identified in the registers

Legal:	Legal impacts of risks are identified in the registers

Economic Impact:	Economic impacts of risks are identified in the registers

Sustainability:	N/A

Sustainable Procurement and Article 19:	N/A

Risk Implications:	All risk implications are detailed in the registers

Implications for Glasgow City Council:	All risk implications are detailed in the registers

Implications for NHS Greater Glasgow & Clyde:	All risk implications are detailed in the registers

Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1.   **Purpose**

1.1.   The purpose of this report is to provide an annual summary to the Integration Joint Board on the risk management activity within the Partnership during 2021/22.

2.   **Background/Engagement**

2.1.   The IJB Risk Management Strategy states that the risk registers maintained by the Partnership are subject to quarterly review by the Finance, Audit and Scrutiny Committee on behalf of the Integration Joint Board, with an annual summary report to the Integration Joint Board.

3.   **Risk Management Policy & Strategy**

3.1.   The IJB Risk Management Policy and Strategy was subject to a desktop review by officers in 2020 and was approved by the IJB Finance, Audit and Scrutiny Committee at its meeting on 19th February 2020. The policy was updated to state that it would be subject to a full review every 3 years in line with the lifecycle of the IJB's Strategic Plan. The next full review of this Policy will therefore be carried out in 2023.

4.   **Risk Management Activity**

4.1.   There are 3 risk registers currently maintained within the Partnership. These are the Integration Joint Board Risk Register, the Social Care Risk Register and the Health Risk Register.

4.2.   The Social Care, IJB and Health risk registers were reviewed on a quarterly basis in 2021/22 and update reports submitted to the Senior Management Team and the IJB Finance, Audit & Scrutiny Committee each quarter.

5.   **Integration Joint Board Risk Register**

5.1.   The Integration Joint Board Risk Register is maintained, updated and reported in line with the IJB Risk Management Policy and Strategy.

5.2.   The highest risks on the IJB Risk Register during 2021/22 were the future level of savings required, delivery of the Strategic Plan within budget, failure to deliver the Primary Care Improvement Plan, uncertainty about service delivery models (as a result of the pandemic and the National Care Service proposals) and the resources required for integration.

5.3.   The risk of failing to deliver 2021/22 savings decreased from 'Very High' to 'High' due to almost 93% of savings targets being met through the year.

5.4.   At the close of 2021/22, there were **10** 'live' risks on the IJB Risk Register, with **1** item having a risk level of 'Very High', **5** items with a risk level of 'High', **3** items having a level of 'Medium' and **1** item with a risk level of 'Low'.

5.5.   The highest risks on the IJB Risk Register at the end of 2021/22 is attached as part of Appendix A.

6.   Social Care Risk Register

6.1.   The Social Care Risk Register is maintained, updated and reported in line with the Glasgow City Council Risk Management Policy and Guidance Framework.

6.2.   The highest risks on the Social Care risk register continued to be the potential impact of the National Abuse Inquiry, the impact of implementation of Welfare Reforms and risk of disruption to HSCP services, primarily due to the ongoing impact of the pandemic.

6.3.   Significant risks that were added to the register during 2021/22 include:

- Impact of Scottish Government COVID funding removal, including for elements of Homelessness Services
- Changes made by the Scottish Government on guidance for asymptomatic COVID testing which could result in transmission of COVID within HSCP workplaces
- Stock and supplies in EquipU impacted by disruption to supply chains and shortages of raw materials due to COVID and Brexit
- Police Scotland proposals to stop routine information sharing impacting on MAPPA (Multi-Agency Public Protection Arrangements)

6.4.   At the end of 2021/22 there were **37** 'live' risks on the register, with **18** items having a current risk level of 'Very High', **10** items with a risk level of 'High', **6** items with a risk level of 'Medium' and **3** with a risk level of 'Low'.

6.5.   The highest risks on the Social Care Risk Register at the end of 2021/22 are attached as part of Appendix A.

7.   Health Risk Register

7.1.   The Glasgow City Health Risk Register is maintained, updated and reported in line with the NHS GGC Risk Management Policy.

7.2.   The highest risks on the Health Risk Register are those arising from staff shortages, ongoing recruitment and retention issues, and increased demand for Mental Health services due to COVID.

7.3.   The highest risks on the Health Risk Register at the end of 2021/22 are attached as part of Appendix A.

8.   **Recommendations**

8.1.   The Integration Joint Board is asked to:

   a) note the content of this report; and
   b) note the attached Integration Joint Board, Social Care and Health Risk
      Registers contained in Appendix A.

				Initial Risk Level						Current Risk Level				
									IJB Risk Register (April 2022)					

Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update
524	Level of savings required in 2019/20 and beyond	RISK: Inability to deliver appropriate level of essential services due to required level of savings CAUSE: Required level of savings in the Budget Service Plan in 2019/20 and beyond EFFECT: Unable to meet demand for services, failing to ensure safety and prevent harm to service user, failing to meet statutory requirements, failing to deliver part or all of the Strategic Plan	Sharon Wearing	4	5	20	**Very High**	• Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB • Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets • HSCP will actively engage with Partner Bodies in budget planning process for 2019-20 and beyond identifying dependencies and risks associated with any proposals. • Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored. • Medium Term financial forecasting also undertaken to enable requirements for savings to be assessed over the medium term and to inform planning assumptions. • A financial tracker on covid-19 related expenditure (as part of the Local Mobilisation Plan) is updated on a 4 weekly basis, and submitted to the Scottish Government every 4 weeks.	4	5	20	**Very High**	April 2022 - Risk confirmed as accurate
512	Delivery of Strategic Plan within budget	RISK: The IJB is unable to budget within allocated resources CAUSE: Cost of delivery is higher than budgeted resources made available EFFECT: The IJB is unable to deliver on the Strategic Plan	Sharon Wearing	4	5	20	**Very High**	• The Integration Scheme details the actions to be taken in the event of this and furthermore the contingency arrangements should parent bodies be unable/unwilling to provide additional funding • Transformation Programme for the HSCP in place, with a range of programmes identified to support delivery of Strategic Plan within allocated budgets • Governance / reporting mechanisms for Transformation Programmes are in place • Financial position monitored on ongoing basis by SMT, IJB Finance and Audit committee and full IJB • A Medium Term Financial Outlook is also completed which assesses the financial resources required to deliver the strategic plan whilst delivering financial balance for the IJB • The impact of responding to COVID-19 on delivery of the Strategic Plan will continue to be assessed. • As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expended membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staff side. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and again has Trade Union and Staff side representation. Each	4	4	16	**High**	April 2022 - Risk confirmed as accurate

				Initial Risk Level						Current Risk Level				
								IJB Risk Register (April 2022)						
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update
934	Deliverability of Primary Care Improvement Plan (PCIP)	RISK: Failure to deliver transformation of Primary Care services as specified in the Primary Care Improvement Plan (PCIP) CAUSE: Affordability, shortage of resources (qualified staff, suitable accommodation), lack of appropriate digital solution to support plan, unable to maintain sustainability, unable to quantify evidence of impact EFFECT: Impact on the delivery of the IJB's Strategic Plan and priorities resulting in negative impact on service users and patients and possible reputational or financial impact to the IJB.	Susanne Millar	4	4	16	High	A number of measures being taken to mitigate the lack of qualified staff include: Phasing recruitment Making local vacancy approval processes more efficient Developing alternative skill mix models Recruiting into trainee posts and supporting less experienced staff to obtain necessary experience.	4	4	16	High	April 2022 - Risk confirmed as accurate
513	Resources required for integration	RISK: The organisation cannot support the volume of resource required to establish effective integrated arrangements CAUSE: Staff and key individuals with existing operational roles and responsibilities are diverted to integration activities. Further to this, there is a challenge to recruit staff EFFECT: Existing organisational priorities and delivery are delayed or compromised, resulting in not delivering Strategic Plan	Sharon Wearing	4	4	16	High	• Workload and resource monitoring continues to be undertaken across the partnership (for example, through one-to-one supervision) • Ongoing review of support (including work undertaken and resources being used) required for integrated arrangements • Workforce Planning sub-group meets fortnightly to review workforce planning matters (including requests to fill vacancies) • Implications of the need to re-divert resources to respond to COVID-19 on the ability to continue progress on integration of services will continue to be monitored. • As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expended membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staff side. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and again has Trade Union and Staff side representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control structures	4	3	12	High	April 2022 - Risk score has reduced from major/likely (16) to major/possible (12) due to HSCP Operational Recovery Plans and Service Recovery Governance Arrangements in place.

IJB Risk Register (April 2022)														
				Initial Risk Level						**Current Risk Level**				
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update	
514	Service delivery model uncertainty	RISK: Uncertainty around future service delivery models CAUSE: Uncertainty arising from COVID-19 EFFECT: Resistance, delay or compromise resulting in necessary developments or potential improvement opportunities not being fulfilled	Susanne Millar	3	4	12	**High**	• High-level strategic vision articulated through the 2019-22 Strategic Plan • • IJB are notified of proposed transformation projects and updates on approved transformation projects as a matter of routine. • Acceptance that ongoing challenges of both organisations mean standstill is not a viable option • As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now three times weekly) and has expended membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staff side. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and again has Trade Union and Staff side representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council.	3	4	12	**High**	April 2022 - Risk confirmed as accurate
1731	Delivery of 2021-22 Savings Targets	RISK: Unable to deliver 2021-22 savings targets CAUSE: Due to key resources being diverted to responding to COVID-19 and the impact COVID-19 is also having on demand, areas targeted for delivery of savings in 2021-22 are now at risk EFFECT: Savings targets will not be deliverable resulting in overspends occurring in 2021-22 and beyond	Sharon Wearing	4	5	20	**Very High**	• Financial position monitored on ongoing basis by SMT, ITB, IJB Finance and Audit committee and full IJB • Delivery of savings will continue to be tracked and monitored by the Transformation Programme Board • HSCP will actively engage with the Scottish Government on the impact of responding to COVID-19 • Impact of responding to COVID-19 on plans for savings and delivery of transformation programmes will continue to be monitored	2	5	10	**High**	April 2022 - Risk score has been reduced from major/almost certain (20) to minor/Almost Certain (10). Risk owner confirms that almost 93% of Savings Targets have been delivered.

Social Care Risk Register (April 2022)														
Ref	**Title**	**Description of Risk**	**Risk Owner**	**Initial Risk Level**				**Control Actions**	**Current Risk Level**				**Latest Update**	
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level		
1596	Mental Health Officer shortage	RISK: Pressure on MHO activity due to on-going vacancies and staff turnover CAUSE: Issue due to recruitment authorisation process/PVG/reference checks and is under constant review. Workforce data shows high turnover is impacted by number of staff having MHO status who can retire at 55 and are opting to do so EFFECT: Ongoing challenges in meeting our statutory demands under the Adult with Incapacity and Mental Health Act in relations to MHO responsibilities and ongoing operational and governance monitoring of the situation to ensure current deployment of the MHO resource is as efficient as possible.	Jackie Kerr (HSCP)	5	5	25	**Very High**	• MHO pressures in Social Work, this is due to increased demand and ability to recruit • We are encouraging existing staff to undertake MHO training and attempting to recruit additional staff and reviewing our duty system. We have made good progress this year in encouraging staff to undertake training and have both recruited and trained additional MHOs which is having a positive impact however the pressures and risks remain. Ongoing recruitment and training drive and a commitment through SG monies and winter pressure monies to increase the MHO complement into 2022.	5	5	25	**Very High**	April 2022- Risk confirmed as accurate
559	Impact of Welfare Reform on demand for services	RISK: There is an increased demand for social work services due to Welfare Reform affecting working age adults, COVID19 related financial hardship and the roll-out of new Scottish Benefits. CAUSE: Implementation of welfare reforms including benefit cap and universal credit. Financial hardship related to COVID19. Knowledge deficit around new Scottish Benefits EFFECT: Increased deprivation for citizens, reduced ability to meet demands on our services	Susanne Millar	5	5	25	**Very High**	• Contribution to the corporate welfare reform group and benefit cap working group. • Effective communications with service users and other stakeholders • Welfare Rights advice and support given to 437 referrals from those who were shielding because of COVID19. • Process of engaging with service users who have Social Security tribunals enhanced to prepare and support them with the COVID19 move to video and telephone hearings. • Welfare Reform training delivered to HSCP staff and 3rd sector and provided via Microsoft Teams. • Training on Social Security system and referral pathways given to Glasgow Helps staff supporting those struggling financially due to COVID19. • Monthly briefings on Universal Credit sent to Welfare Rights Officers/Money Advisors. • Training widely provided on changes impacting EEA Nationals and scope and timetable of roll-out of new Scottish Benefits.	4	5	20	**Very High**	April 2022- Risk confirmed as accurate
567	Impact of National Abuse Inquiry	RISK: that the Scottish Child Abuse Inquiry could result in adverse legal, financial, reputational and operational impacts to the Service. CAUSE: These could arise from: - being unable to provide historical information requested by the Inquiry being perceived as the Service being ineffective or deliberately obstructive - the level of resources required to provide an appropriate response to the Inquiry's initial information request not being available/sustainable without impact on business as usual activity - an increase in claims for compensation being made due to increased media coverage of the Inquiry's processes - staff and service users required to provide evidence experiencing an adverse emotional impact as a result of recalling experiences which were, or perceived to be, traumatic. EFFECT: Reputational damage, financial/cost implications	Susanne Millar	4	5	20	**Very High**	• Internal team established to manage our input to the Inquiry. This team will liaise with the PR office accordingly. • Internal team includes legal representatives in order that we manage any claims. • Ongoing monitoring and review of resources utilised to facilitate the Inquiry. • Existing employee support mechanisms through HR. • Existing health and social care support services for service users.	4	5	20	**Very High**	April 2022- Risk confirmed as accurate

Social Care Risk Register (April 2022)													
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				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
1932	Impact of COVID funding removal for Homelessness Services	RISK: There is risk that a substantial number of people may still be in hotel accommodation when COVID funding for this expires. CAUSE: COVID related funding from Scottish Government runs out on 31 March 2023, level of demand continues to increase, lack of available move on accommodation, unpredictable nature of poverty and the impact of cost of living may further increase demand. EFFECT: Significant financial impact to HSCP when funding expires, increased risk of harm to vulnerable service users, reputational and legal risk to the HSCP and Council if high numbers of people remain in hotel accommodation.	Pat Togher	4	5	20	Very High	• Work underway to secure increased offers from Housing Associations. Greater focus on homelessness prevention (12 full time posts being placed in the Single Point of Access) Temporary accommodation strategy completed including development of demand model	4	5	20	Very High	April 2022- New risk added
546	Disruption to HSCP services	RISK: Failure of, or disruption to, facilities, infrastructure or staff affecting delivery of mainstream and out-of-hours services. CAUSE: Exceptional, one-off and unexpected events leading to loss of staff, loss of building, loss of access to building, loss of supplier or loss of infrastructure. EFFECT: service users across the city don't receive a service for a period of time that leads to reputational, financial, legal and/or public protection impact.	Susanne Millar	4	5	20	Very High	• Industrial Relations Strategy in place • Monthly meetings at Director level with senior Trade Union officials • Business Continuity Reps identified in each service area • The HSCP Business Continuity Forum is chaired by the Council's BCC Champion (Head of Business Development) and is attended by representatives from all HSCP services. The Forum is currently meeting monthly in advance of COP26 scheduled for November 2020. • Review of Council ICT Disaster Recovery priorities currently being undertaken by GCC SIT (SWS has fed into this process). • Business Impact Analyses have been reviewed and completed across the HSCP • Business Continuity Plans for localities have been reviewed and completed across the HSCP • Executive Group has assumed role of SIMT and has increased frequency since March 2020 in response to the covid-19 pandemic and the impact on services. • As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expended membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staff side. As the response moved to recovery planning the LRMT was	4	4	16	Very High	April 2022- Risk confirmed as accurate
552	Failure to deliver Budget & Service Plan and service reform outcomes	RISK: the Department's service reform and Budget and Service Plan programmes fail to deliver the required outcomes in terms of delivery of statutory duties; service modernisation and financial savings. CAUSE: Changes in Economy may have impact EFFECT: necessitating potential drastic and unplanned cuts in order to realise the savings requirements thereby leaving services and service users vulnerable.	Sharon Wearing	4	5	20	Very High	• Fortnightly Integration Transformation Board meetings • Weekly Executive Group meetings to approve critical progress issues • CSWO led SMT's in both Adult and Children and family Services review and progress • Performance Management Framework incorporating City-wide, local and care group performance reporting • Regular planned and structured liaison with providers re: changes • Service User engagement • Trade Union liaison at strategic and local levels	4	4	16	Very High	April 2022- Risk confirmed as accurate

					Social Care Risk Register (April 2022)								
Ref	**Title**	**Description of Risk**	**Risk Owner**	**Initial Risk Level**				**Control Actions**	**Current Risk Level**				**Latest Update**
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
566	Loss of access to VISOR	RISK: Service loses access to Visor CAUSE: All none vetted Visor users will no longer be permitted to use the system from the 30/09/2021 EFFECT: The service is less able to manage offenders who pose high risk of serious harm to the public, with subsequent legal and reputational on the service.	Susanne Millar	4	4	16	**Very High**	• Issue highlighted to Glasgow's Public Protection Chief Officers Group • Glasgow has 3 vetted Visor users and 6 staff awaiting vetting, which will increase capacity. • Sufficient staff currently vetted and able to make use of system in collaboration with MAPPA partners and responsible authorities • There is a Visor improvement plan being implemented and admin staff will be trained to ensure Visor is updated and maintained	4	4	16	**Very High**	April 2022- Risk confirmed as accurate
568	Workforce planning/reduction	RISK: that reduced staffing levels and loss of skilled staff might compromise the Service's ability to deliver services and carry out its statutory duties, including: - Services to LA and LAAC children; - MHO duties; - Duties under S22 of the Children Scotland Act 1995; - Provision of children's hearings reports and reports to Court; - Duties in relation to Adults with Incapacity legislation; - Duties in relation to S12 of the Social Work Scotland Act 1968. CAUSE: number of vacant posts. turnover of staff, length of time taken to recruit staff across both GCC and NHS GGC EFFECT: service users not receiving services they're entitled to, and which leaves them at increased risk.	Susanne Millar	4	5	20	**Very High**	• Trade Union liaison at strategic and local levels. • HSCP Workforce Planning Sub-group and Board chaired by Chief Officer (Finance & Resources) which feeds directly into the Executive Group and Leadership Team. It comprises Chief Officer (Planning, Strategy & Commissioning/CSWO), Chief Officer (Operations) and HR reps from SWS and NHS. Chief Officer (Planning, Strategy & Commissioning/CSWO) advises group of any potential risks in relation to staffing reductions. • Local performance management and supervision systems in place. • Workforce planning arrangements for care groups being finalised. • Training and development programme for MHOs in place. • New AWI protocols agreed at HSCP and SWS Governance Groups • Regular updated workforce planning monitoring reports (by Locality) for all care groups in place.	4	4	16	**Very High**	April 2022- Risk confirmed as accurate

					Social Care Risk Register (April 2022)									
Ref	Title	Description of Risk	Risk Owner	Initial Risk Level				Control Actions	Current Risk Level					Latest Update
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level		
590	Increased Care Services absence levels	RISK: If staff absence rates increase beyond target levels then staffing in Home care will become critical , this is currently related to COVID absence issues(shielding , carers responsibility and LTS) CAUSE: Staff absence levels. Risk is enhanced due to ageing profile of workforce, the equal pay settlement and the impact of covid-19 including staff required to shield or self-isolate. EFFECT: Impact on capacity to deliver services, impact to financial budgets to achieve acceptable levels of service delivery.	Frances McMeeking	4	5	20	Very High	• Attendance Management team established within HR. This team details all aspects of absence management, including the control and recording of all data in relation to absence. • Management Information Systems detail reports to cover all aspects of absence management process. In addition, case reviews are held regularly. • Management of Absence Action Plan plots progress in developments in this area and is reviewed annually. • Heads of Service have established an attendance management group to review strategy and recommend updates and improvements with target for action plan • Full briefing on new absence policy has been delivered via Toolbox Talks with supervisory and management staff. • Data cleansing of attendance levels has been carried out • Equal Pay project has reducing absence as an objective and is included in the group's action plan. • As part of the business continuity management response to the covid-19 pandemic the HSCP has established additional governance arrangements to ensure senior management retain appropriate oversight and decision making capacity. As well as existing SMT and Core Leadership arrangements, the HSCP has increased the frequency of Executive Management meetings (initially to daily, now twice weekly) and has expended membership of this group to include key officers. A Local Resilience Management Team was established at the beginning of lockdown as the escalation point for operational issues within the HSCP, and this included representation from Trade Unions and Staff side. As the response moved to recovery planning the LRMT was replaced by the Operational Recovery Group. This group reviews and approves all recovery plans for services and again has Trade Union and Staff side representation. Each	4	4	16	Very High	April 2022- Risk confirmed as accurate
1933	COVID testing transition (asymptomatic testing)	RISK: There is a risk that staff who are COVID-19 positive and asymptomatic may cause transmission of COVID within HSCP workplaces CAUSE: Scottish Government changes to asymptomatic testing in some health and social care settings (in effect from 17 April), with reductions of testing in some areas and removal of testing requirements altogether in others. EFFECT: Staff in community and primary care settings may have mild symptoms or be asymptomatic with a virus which is highly transmissible, and a cause of severe disease and hospitalisation in old and vulnerable people, impact on staffing levels for services due to COVID related absences.	Susanne Millar	4	4	16	Very High	• Managers to provide consistent reinforcing advice to staff who are in contact with vulnerable people that they should remain vigilant about their social contacts, mindful of their symptoms, and thorough in their infection control and PPE use and processes. • Communications to staff reinforcing arrangements for COVID absences and staying away from work if unwell.	4	4	16	Very High	April 2022- New risk added
553	Failure of MAPPA arrangements	RISK: Glasgow MAPPA arrangements fail CAUSE: Procedures not followed; staff not appropriately trained; information security breach EFFECT: risk of harm to Glasgow citizens from registered sex offenders; reputational/legal/financial impact to organisation.	Susanne Millar	5	4	20	Very High	• City-wide Criminal Justice SMT continues to meet regularly to oversee CJ practice. • MAPPA Strategic Oversight Group meets every 3 months • MAPPA Operational Group meets every 6 weeks • MAPPA national guidance • Multi agency Risk Register in place and standing item on the agenda of both meeting structures • NASSO meeting every quarter with RSL providers • Memorandum of Understanding in place between statutory agencies and reviewed annually	5	3	15	Very High	April 2022- Risk confirmed as accurate. Update made to mitigation and control to remove reference to large scale event taking place at Hampden in February 2020.

				Initial Risk Level						Current Risk Level				
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update

Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update
554	Failure of Child Protection procedures	RISK: failure in the implementation of Child Protection procedures and arrangements CAUSE: Procedures are ineffective; procedures are not followed; staff not appropriately trained; information security breach; lack of/ineffective governance EFFECT: increased and/or avoidable risk/harm to children and/or young people	Susanne Millar	5	4	20	Very High	• Child Protection Committee and sub groups meet regularly • Local area CP forums in place • Quarterly meeting of Chief Officers group • Management information produced and reviewed monthly at CP Quality Assurance Sub-group • 1/2 yearly LMR process overseen and coordinated by CP team • ASM structure providing QA, monitoring and objectivity to local practice • Robust single agency and multi agency training programme in place • Weekly contingency planning arrangements with Heads of Service • Home visit guidance issued • Weekly data collation illustrating demands/trends	5	3	15	Very High	April 2022- Risk confirmed as accurate
555	Failure of Adult Protection procedures	RISK: failure in the implementation of Adult Protection procedures and arrangements CAUSE: Procedures are ineffective; procedures are not followed; staff not appropriately trained; information security breach; lack of/ineffective governance EFFECT: increased or avoidable risk/harm to vulnerable adults; reputational/legal/financial implications	Susanne Millar	5	4	20	Very High	• Adult Protection Committee and sub groups in place • Local Area Adult Protection Forums and multi-agency Local Management Reviews embedded • Quarterly meeting of Chief Officers Group • ASP management information produced and reviewed quarterly at Adult Services Core leadership and Older People's clinical and care governance meetings • ASM structure and multi-agency training programme in place • Quality Assurance sub group of Adult Support and Protection Committee now in place, which monitors the work plan and highlights areas for further consideration • Home visit guidance issued • Weekly data collation illustrating demands/trends	5	3	15	Very High	April 2022- Risk confirmed as accurate

Table header: **Social Care Risk Register (April 2022)**

Social Care Risk Register (April 2022)															
Ref	Title	Description of Risk	Risk Owner	**Initial Risk Level**				Control Actions	**Current Risk Level**				Latest Update		
				Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level			
565	Financial challenges for external providers	RISK: The financial challenges faced by some provider organisations (in particular those providing sleepovers and those delivering care at a low historical rate - at or below £15.20) and the requirement for them to provide the Scottish Living Wage has the potential to render them financially unviable and result in them exiting the market. CAUSE: Increasing costs on providers due to increasing pension, NLW and SLW and sleepover liabilities coupled with diminishing social care budgets available from contracting authorities. Increased costs due to the COVID-19 pandemic. EFFECT: If providers exited the marker service users would be impacted due to enforced change of service provider – potentially with little or no notice. There may not be sufficient availability across other providers and whether they can take the work on at relatively short notice due to the recruitment and retention issues in social care. Where accommodation are support are linked this could result in the service user losing both their home and familiar support. There may be an increased financial cost to the partnership as a result of this market change, there will also be a need for increased care management and commissioning activity. A further potential resource impact is that there will be a need for additional Care Management and Commissioning resources to complete	Allison Eccles	5	3	15	**Very High**	• We are working closely with provider organisations to monitor impact and ensure continuity of services for our service users. • We continue to ensure timeous regular payment to provider organisations - We have offered 3 SLW increases across all of the purchased service contracts on condition of payment of the SLW including for Sleepovers. - We continue to ensure that the payment of the additional funding for the Scottish Living Wage is made timeously • Work is continuing on the rollout of the transformational change programme on overnight supports to support the reduction of the reliance on sleepover support. • outcome of the Appeal of legal rulings on sleepover will be considered by legal and the with any necessary actions undertaken. • As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group that reports to both the NHS Strategic Executive Group and a national Care Home Oversight Group. In Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Chief Officer, that monitors and reviews output from safety huddles that cover both directly provided and purchased care homes. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements.	5	3	15	**Very High**	April 2022- Risk confirmed as accurate		

				Initial Risk Level						Current Risk Level				
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								Social Care Risk Register (April 2022)					
978	Failure of Provider(s) due to COVID-19	RISK - Social Care providers significantly impacted by the COVID-19 pandemic and are unable to continue operating. CAUSE- Providers are operating under unique and significantly detrimental conditions including continuity of service being disrupted due to having to focus on priority services only, there are increased infection control measures and associated costs, there is increased staff absence and associated costs, there is reduced availability of back-up staff and maintenance of each service becomes increasingly difficult. In addition the increased reporting pressures are stretching limited resources. EFFECT – Providers may be unable to safely staff services which could lead to risk of harm to service users, and failure of the provider. This could lead to significant financial, legal and reputation harm to the HSCP.	Susanne Millar	5	3	15	**Very High**	•The HSCP Executive Group is leading the Partnership response, and enhanced governance arrangements have been put in place across the HSCP and GGC apply to both purchased and directly provided care homes. • Ongoing adherence to COSLA guidance for commissioners during this period and financial support being introduced in a measured way. • As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group.in Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Chief Officer, this monitors and reviews information from various sources. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements. • As part of the business continuity management response to the covid-19 pandemic the HSCP firstly established additional governance arrangements for ensure senior management retain appropriate oversight and decision making capacity. A Local Resilience Management Team was initially established at the beginning of lockdown this has moved to an Operational Recovery Group. This group reviews and approves all recovery plans for services and has Trade Union and Staff side representation. Each care group has established Contingency/Emergency Planning meetings with their senior staff which meet regularly. All additional emergency governance arrangements that have been put in place are line with, and engage with, emergency command and control structures that have been established in NHS GGC and Glasgow City Council.	5	3	15	**Very High**	April 2022- Risk confirmed as accurate
1614	EquipU supply and stock issues	RISK: There is a risk of delays and disruption to the EquipU supply chains. CAUSES: Impact of COVID-19 and Brexit has led to freight costs increasing significantly, shortages of raw materials and shortage of HGV drivers. EFFECTS: Increased costs, prolonged periods where certain types of equipment are unavailable which could impact on high risk service users in the community and also impact on timey discharges from hospital.	Sharon Wearing	3	5	15	**Very High**	• EquipU store service meeting regularly to review the situation. • Store has increased stock levels on some items where possible and the EquipU Project Team are researching and sourcing alternative products where possible • Store and Council's CPU are regularly engaged with suppliers to establish supply chain stability and contingency plans, as well as in relation to price increase justifications • EquipU partners are updated regularly on issues associated with delays and disruption in supply chains. • Additional resources have been put into maximising recycled equipment from uplifts and fast-tracking equipment back into available stock • EquipU partners are updated regularly on issues associated with delays and disruption in supply chains. • EquipU partners have been request to consider prioritisation of affected products when undertaking assessments so service users with most critical needs are met, and also to minimise bulk orders where possible.	3	5	15	**Very High**	April 2022- Risk confirmed as accurate

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1859	Failure of Glasgow Alliance to End Homelessness	RISK: There is a risk of failure to operate as an Alliance with one performance framework to deliver effective and sustainable change to end homelessness in Glasgow CAUSE: The innovative Alliance Contracting model with the Glasgow Alliance to End Homelessness is the first model of its kind in Scotland and requires that a significant shift in respect of service design and commissioning of new services is undertaken, with the Alliance as the decision making body. If partners are unable to align objectives to achieve collective accountability in a 'no fault, no blame' way there is a risk of dispute and failure to deliver. EFFECT: If any of the partners decide that they are unable to continue in the Alliance this could result in the model being terminated and services returning to GCC / HSCP to manage as separate contracts. The step change that is expected from the Alliance model of change and innovation would take longer to achieve with standalone contracts	Susanne Millar	5	3	15	Very High	• The HSCP is both a partner on the Alliance and commissioning owner of the Alliance. This requires clear delineation of roles and responsibilities to ensure that effective monitoring of the Alliance is undertaken as distinct from our role as an equal member • An internal Governance Group is in place to monitor progress of the mobilisation phase of the Alliance Legal Services are fully involved in the Governance process to advise on legal and compliance matters • Connections are maintained with Homelessness Network Scotland to ensure that the voices of the Network and people with lived experience are being fully considered • The HSCP is able to call on the expert opinion and advice of an Alliance Consultant as required • An independent 'Lessons Learned To Date' is currently being undertaken by Healthcare Improvement Scotland	5	3	15	Very High	April 2022- New risk added
1910	Changes to MAPPA information sharing arrangements by Police Scotland	RISK: There is a risk that we will be unable to access information about registered MAPPA clients essential to public protection. CAUSE: Police Scotland's proposal to stop routine information sharing for MAPPA cases in lieu of an ISA being signed EFFECT: Risk of harm to the public from registered sex offenders. This will cause reputational/legal/financial impact to the organisation.	Susanne Millar	5	4	20	Very High	• Letter sent on behalf of the MAPPA Strategic Oversight Group to Police Scotland detailing the concerns of ALL Glasgow MAPPA Responsible Authorities • Liaison with GCC Head of Information and Data Protection Officer and Business Development Manager • Liaison with the Complaints, FOI and Investigations Team regarding the proposed ISA • SOLAR and SOLAS asked to intervene to challenge this proposal.	5	3	15	Very High	April 2022- New risk added
544	Failure to meet Health & Safety statutory requirements	RISK: Failure to meet statutory Health & Safety requirements CAUSE: Personnel fail to follow procedures; personal are not appropriately trained EFFECT: major loss of service through establishment fire, major catastrophe or infections; or singular catastrophic incidents which could result in death or serious injury of service users and/or staff.	Christina Heuston	5	4	20	Very High	• Service is a member of the Council's Asbestos Strategic Management Group that monitors actions regarding the management of Asbestos. The Service has appointed a Health and Safety Co-ordinator who actively monitors the arrangements for the control of Asbestos, Service Control of Asbestos Management Standard issues June 2014 • The Service has replaced a number of older buildings containing Asbestos with new buildings (asbestos banned from use in new buildings) reducing the possible exposure. • Departmental Health & Safety Policy & manuals • Fire safety management system. • H&S risk assessment processes, e.g. fire, legionella, alarms etc. • H&S respond to all audit and inspection requirements. • Emergency procedures in place for all service user accommodation • Range of H&S training in place e.g. Fire Wardens, Manual Handling etc. • Regular Fire and Alarms Equipment testing with contracts for maintenance and checks in place. • Monitoring of claims. • Managing Violence at Work Policy Document and monitoring of Violent Incident reports, this monitoring has identified the need to review the Violence training for Fieldwork staff, this review is currently underway with a target date of 6 weeks • Legionella risk managed with the assistance of CGI.	4	3	12	High	April 2022- Risk confirmed as accurate

Social Care Risk Register (April 2022)													
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547	Impact of failure of third parties and partners	RISK: contractor/partner arrangements fail CAUSE: political and socio-economic factors; providers' financial position; failure to comply with regulatory/legislative changes EFFECT: failure to deliver services appropriately with a provider or other agencies leading to a failure to care/protect service users; increased demand on resources; financial implications.	Susanne Millar	5	4	20	Very High	• Contract Management Framework. • Contractor Risk Ratings Matrix. • Procurement activity undertaken in accordance with written agreed procedures. • All contractual arrangements over the approved thresholds referred to appropriate committee for approval. • Ensuring providers/other agencies have health and safety procedures/arrangements in place • Regular meetings with key providers regarding strategic provider related issues • As directed by the Scottish Government, Enhanced Care Home Governance arrangements have been put in place across Greater Glasgow & Clyde, with oversight from a board wide Care Home Assurance Group that reports to both the NHS Strategic Executive Group and a national Care Home Oversight Group. In Glasgow City HSCP an additional Local Care Homes Group has been established, chaired by the Chief Officer, that monitors and reviews output from daily safety huddles that cover both directly provided and purchased care homes. HSCP Commissioning officers continue to be engaged with providers and are actively involved in the enhanced governance arrangements.	4	3	12	High	April 2022- Risk confirmed as accurate
548	Failure of ICT security	RISK: Loss/misuse/breach of health and social care data within our responsibility CAUSE: IT system security failure, human error, hostile actor (internal or external) EFFECT: breach of confidentiality, a fine from the Information Commissioner, reputational damage, and potential harm to service users affecting public and service user confidence	Allison Eccles	5	5	25	Very High	• Information Security Governance via Information Security Board. • Policies and guidance regularly updated and annual mandatory training provided via GOLD or leaflet. • Information sharing protocol with NHSGG&C has been updated and signed-off. • All ICT developments progressed through project management methodology which includes risk logs and Data Protection Impact Assessments are undertaken as required. • The majority of devices are now encrypted and authorisation process in place for unencrypted devices. • Secure email and Objective Connect available for secure data sharing • Secure email blueprint (including TLS) now implemented • Protective Marking has been rolled out. • Site and Information Security Audit programme in place for SWS establishments and services (currently on-hold due to Covid-19) • Containment process in place for accidental internal email breach • Staff briefings on data protection and information security briefings issued regularly • Use of is2a and/or is2b procedure and forms for staff removing data from offices • security policies are reviewed on a 4 weekly basis by the Information Security Board. • Leavers Process being reviewed to improve mitigation for data and hardware security.	4	3	12	High	April 2022- Risk confirmed as accurate

				Initial Risk Level						Current Risk Level				
Social Care Risk Register (April 2022)														
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update
569	Unsuitability or failure of ICT systems	RISK: ICT systems used by SWS, and in particular ex-Cordia systems, for the delivery of statutory duties are not fit for purpose or are bespoke and not maintained CAUSE: Glasgow City Council arrangements with CGI for the provision of ICT don't meet the specific needs of Social Work Services, ex-Cordia IT staff now in CGI are moved to non-Cordia system work or leave the organisation resulting in loss of expertise and system knowledge. EFFECT: impact on delivery of statutory duties, service users/public/vulnerable people come to harm, significant reputational, financial and operational harm to the organisation, efficiency savings become more difficult to achieve.	Allison Eccles	4	4	16	**Very High**	• The Strategic Innovation and Technology Team (SIT) has been established by GCC to oversee the contract with CGI. • An HSCP Business Partner to SIT has been appointed. • The contract is based on Output Based Specifications (OBSs) and there are OBSs for key systems (including careFirst and iWorld) and all other ICT provision. • There is a transformation programme to significantly improve a number of technologies. The Governance structures for ICT and Digital are being reviewed in light of the change in ICT contract and HSCP requirements. • A Programme Board has been formed and work commenced to replace care First and legacy home care systems with Eclipse. Phase 1 of the programme is scheduled for completion in summer 2022 - this will see the decommissioning of 15 former Cordia Home Care applications. • The former Cordia applications, excluding Alarms, have been migrated to the Tier 3 data centre at Datavita with fully tested Disaster Recovery facilities in place as well as a fail over process	3	4	12	**High**	April 2022- Risk score has reduced from Very High (20) to High (12) due to having a Programme Board in place.
572	Failure of Carefirst Disaster Recovery arrangements	RISK: Interim DR solution for Carefirst may not operate as expected CAUSE: Interim DR solution cannot be tested without either extended downtime or considerable cost EFFECT: Major disruption to operations, essential information not available possibly leading to harm for service users, staff or the public and/or failure to carry out statutory duties	Allison Eccles	4	3	12	**High**	• Continuing to liaise with SIT regarding implementation of a more robust and tested solution • An interim business case has been approved for a replacement for care First which will address DR arrangements	4	3	12	**High**	April 2022- Risk confirmed as accurate
1346	CRT/Locality Review Programme	RISK: There is a risk of failure to complete the agreed review programme across the CRT and localities by end of January 2021 due to number of challenging factors. CAUSE: Impact of Covid 19, Staffing levels (secondments, turnover, vacancies), reduced ability to carry out face to face assessments related to COVID pandemic which is a particular issue with more complex cases. The remit of the team was expanded to progress the work around the transformational change agenda in relation to overnight care, which subsequently added to the overall remit, and added to the considerable number of complex assessments the CRT and localities had then to take forward. The transformational change agenda around overnight care has been impacted by the need to progress contractual agreements and has also been impacted by the COVID pandemic related to current provider recruitment challenges. EFFECT: Not being able to conclude the review programme as per the current workplan. Not progressing options for TEC to support care planning as far as anticipated. There are potential financial implications for this workplan which may have an impact on provider sustainability.	Susanne Millar	4	5	20	**Very High**	• A revised workplan has been agreed which prioritised providers with the least sustainable rated for review. These reviews are being progressed by locality and CRT staff as part of the review programme. This work is being coordinated and overseen by the CRT Service Manager. Named staff members from each of the localities have been identified to support the CRT review programme. • A Performance Management programme is in place to monitor progress and this is regularly reported to the ACO Adult Services and Finance which feeds into the ITB. • The Commissioning Team are part of the CRT and there is ongoing interface with the Commissioning Team. • A Recovery Plan for the CRT has been put in place and this is under review given lockdown in early 2021. • CRT staff (and locality staff) have been carrying out assessments remotely to continue to work to the timescales and face to face where we can taking account of COVID guidelines.	4	3	12	**High**	April 2022- Risk confirmed as accurate

				Initial Risk Level						Current Risk Level				
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Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level	Control Actions	Consequences	Likelihood	Risk Rating	Risk Level	Latest Update	
1667	Alcohol and Drug Recovery Services - Daisy Assessments	RISK: A Carefirst to Daisy interface is in the process of being developed by CGI, which is now behind schedule and was expected in April 2021. As the data is reportable to the Scottish Government, within set deadlines, the risk is not completing this on time and also the personal data held on both Carefirst and Daisy are out of sync as there is a time lapse in entering data onto Daisy. duties such as call handling, reception and script management. CAUSE: The interface is still in the process of being developed and the work around in place is time consuming and impacting on scarce administration resources. EFFECT: Expected compliance with Scottish Government deadlines for submission of data. The Daisy system is out of sync with Carefirst resulting in data not being up to date. The manual workaround process is impacting on duties such as call handling, reception and script management. No additional resources have been provided to assist with this additional admin work	Jackie Kerr (HSCP)	4	3	12	High	• There is work around in place that involves social care worker inputting information into Carefirst and then admin staff will input from Carefirst to Daisy. • There is work in place to keep the systems aligned and monitored. • Scottish Government set deadlines for reportable returns which are required to be met. • Whilst management is monitoring the risks by ensuring the data is uploaded to Daisy, however they have highlighted that due to the delay in the development of the interface the risk is that it is now impacting on the completion of business as usual activities.	4	3	12	High	April 2022- Risk confirmed as accurate	
1905	Provider cyber resilience and data security	RISK: There is a risk that data shared with providers may be the subject of a data breach or compromised due to a cyber attack and/or insufficient data security arrangements CAUSE: Inadequate data and information security arrangements in provider organisations, increased sophistication and frequency of hacking/cyber attacks EFFECT: Service user data, which is likely to include personal information about vulnerable people, is breached and could lead to harm, breaches could lead to ICO investigation and fines which could impact on providers financial stability and reputation, providers less likely to get insurance (or insurance costs increase), loss of access to electronic systems could significantly compromise provider capability to deliver services as contracted.	Sharon Wearing	4	3	12	High	• HSCP has been working with 2 providers recently affected by cyber-attack to provide support, including advice on cyber resilience, assistance with payment of invoices and aligning communications in response to media enquiries • Contracts with providers have specific clauses in relation to data security and data sharing. • HSCP Commissioning currently reviewing contractual terms and conditions to ensure they are robust as possible in respect of data security, and looking at most effective way of monitoring these • HSCP has identified need for cyber resilience awareness sessions with providers and work is ongoing to develop these for delivery.	4	3	12	High	April 2022- New risk added	
571	Community Alarms affected by telephone provider(s)	RISK: Service user(s) community alarms do not function as required due to telephone line being switched from analogue to digital CAUSE: Telephone providers such as BT/Virgin switching customer line from analogue to digital, Provider not having information about which customers have community alarms that rely on telephone line being analogue EFFECT: service user unable to activate alarm, service user comes to serious harm or fatality, significant reputational, legal and financial harm to the organisation, loss of trust from public on the effectiveness of community alarms, may impact on delivery strategic priorities of the organisation.	Frances McMeeking	5	3	15	Very High	• Service has shared telephone numbers of all community alarm service users with the telephone providers (BT, Virgin etc) to ensure their records are correct and up to date. • Service has written to all Community Alarm service users to advise that if they are changing their telephone provider they must let them know that there is an alarm dependant on the line and it cannot be converted to a digital line otherwise their alarm will not function properly	5	2	10	High	April 2022- Risk confirmed as accurate	

Extract of HSCP/Health risks from Datix (31st March 2022)												
				Initial Risk Level				Controls	Current Risk Level				Latest Update
Ref	Title	Description of Risk	Risk Owner	Consequences	Likelihood	Risk Rating	Risk Level		Consequences	Likelihood	Risk Rating	Risk Level	
2351	Staff Shortages / Recruitment and retention of staff	Issues retaining and recruiting staff across Prison Healthcare. In particular Primary Care Staff Nurses. Staff sickness - risk of being unable to deliver a health care service to patients. Impact on patient - deterioration of patient's condition, delay in treatment. Impact on staff - low morale, pressure to support working additional shifts, negative impact on own health further risk to increasing absence levels. SPS staff culture and attitude towards staff is impacting upon retaining staff.	Macleod, Rhoda	5	5	25	Very High	Ongoing work with Recruitment Services to review recruitment strategy for Prison Healthcare - Workforce Planning Group commenced Jan 2019 to review current workforce needs. Existing staff offered additional hours to cover shifts. Potential use staff from other prison establishments. Use of nurse bank. Application of Attendance Management policy. Options for recruitment and selection premium are being explored and costings will be identified before being progressed. SPS staff issues have been raised with the Governor and HMIPS Inspection Team.	5	5	25	Very High	31/3/22 - SPS staff issues have been raised with the Governor and HMIPS Inspection Team. No change to risk level.
2460	Mental Health Officer (MHO) Shortage	Pressure on MHO activity due to on-going vacancies and staff turnover. Issue due to recruitment authorisation process/PVG/reference checks and is under constant review. Workforce data shows high turnover is impacted by number of staff having MHO status who can retire at 55 and are opting to do so. This is likely to continue to impact over next 2 years when all staff with MHO pension status will have gone. Universities only have one intake a year so availability of newly qualified staff is more limited

MHO pressures in Social Work, this is due to increased demand and ability to recruit. We are encouraging existing staff to undertake MHO training and attempting to recruit additional staff and reviewing our duty system | Paterson, Isobel | 5 | 3 | 15 | High | Workload prioritisation | 5 | 5 | 25 | Very High | 31/3/22 - No change |
| 2800 | Waiting lists - Gender Services | Waiting List Pressures. This will add to adverse patient experience, delayed diagnosis and treatment, staff stress, risk of complaints and reputational damage. | Macleod, Rhoda | 5 | 5 | 25 | Very High | Increased staffing in Gender service, Service Level Agreement being developed for Sandyford Counselling & Support Services (SCASS), additional lists put on at weekends to manage waiting times for other services. COVID contingency planning in place. | 5 | 5 | 25 | Very High | 31/3/22 - No change |
| 2802 | Telephone Systems | Inability to access appointments, results and advice with impact on patient experience & confidence, delays in diagnosis and treatment. | Macleod, Rhoda | 4 | 5 | 20 | Very High | NETCALL up grade has occurred which will improve patients' ability to navigate through telephone system and online booking is now available. Further action required - Staff at hubs are able to log into the system to answer calls. Plan to increase Band 2 staffing. | 5 | 5 | 25 | Very High | 31/3/22 - No change |

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2803	Accommodation	Accommodation that is not fit for purpose.	Macleod, Rhoda	5	5	25	Very High	Accommodation is on the HSCP agenda as priority. Staffing levels are monitored and clinics planned accordingly. IT support is provided by the board and maintenance contracts are in place. There are regular meetings with domestic services. We are kept informed by our pharmacy colleagues and updated regarding supplies. Lab support is offered from the GRI. A member of the SMT monitors our infection control needs. Sandyford Central accommodation is on the HSCP agenda as priority. Staffing levels are monitored and clinics planned accordingly based on the accommodation available to us. More of a challenge currently due to social distancing for COVID. Use of our external sites in Woodside, Parkhead, Paisley and Clydebank are key to this.	5	5	25	Very High	31/3/22 - No change
2889	Recruitment and retention of registered nurses Band 5	Shortage of Band 5 nurses across GGC inpatient and community. Staff retention is poor with quick and high turnover of staff. This is a national issue.	Cribbin, Lorraine	5	5	25	Very High	Use of Bank staff and Agency staff. x100 Newly Qualified Nurse (NQN) Band 5 nurses taking up employment across services Sept-Oct 2021. Centralised external recruitment campaigns ongoing for recruitment of Band 5s for MH inpatients and community services.	5	5	25	Very High	31/3/22 - No change
2890	Nursing Bank Fill rates	High demand from MH inpatient sites on Nurse bank to backfill vacancies, absence and clinical risk, there can be a poor bank fill rate which then escalates to Agency. This is a national issue.	Cribbin, Lorraine	5	5	25	Very High	Staff asked to do additional hours with enhanced rate. Opened up to other staff groups i.e. AHPs; OT's/Social Care to help alleviate burden on ward.	5	5	25	Very High	31/3/22 - No change
2898	MORS Policy	Application and overuse of MORS Policy (Management of Offenders and Risk of a Substance), impacting on health service.	Macleod, Rhoda	5	5	25	Very High	A review of clinical assessments processes and pathways will take place locally. There are also national discussions to review MORS. Ongoing dialogue with SPS senior management. Patients will be triaged from the scheduled clinic that is disrupted.	5	5	25	Very High	31/3/22 - No change
2901	Staff shortages - Psychotherapy	Recruiting right skill mix is an issue.	MacDonald, Colin	5	5	25	Very High	Psychotherapy - reviewing skill mix; redesigning roles, offering training opportunities and looking at using different grades of staff.	5	5	25	Very High	31/3/22 - No change
2902	Staff shortages - Alcohol & Drug Recovery Service (ADRS)	Staff shortages of Band 5 /6 psychiatric nurses.	Gaffney, Kelda	5	5	25	Very High	Use of bank staff. Trying to fill vacancies timeously citywide Support from Chief Nurse - Lorraine Cribbin to advertise "block booking " B5 bank staff (3 months). Support from Chief nurse - Lorraine Cribbin to advertise additional hours to those working in other services. Discussions ongoing via senior managers re alternative sources of support to mitigate risks of staff unavailability. Support from ADRS PDNs to provide short notice ADRS induction to bank staff with limited experience. Utilising GCC and NHS absence management policies to support return to work where appropriate. **NE ADRS specific - NTLs assertively contact previous ADRS employees to offer bank shifts.** Agency social care staff being recruited for ten week period; additional driver capacity secured to support prescription deliveries. Agency staff in place. Social care staff recruitment complete/take up posts from Jan 22. RAG status and response being reviewed. HCSW posts being recruited.	5	5	25	Very High	31/3/22 - No change
2906	Disengagement/lack of contact service users	There is risk of disengagement or lack of contact with service users due to COVID; particularly within ADRS. There is lack of contact and face to face appointments. Risk of professions responding differently and this impacting upon other professions.	MacDonald, Colin	5	5	25	Very High	Use of RAG to prioritise which patients should be seen.	5	5	25	Very High	31/3/22 - No change

			Initial Risk Level				Controls	Current Risk Level				Latest Update
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2917	Waiting times - Sandyford Counselling & Support Service (SCASS)	Waiting List Pressures. This will add to adverse patient experience, delayed diagnosis and treatment, staff stress, risk of complaints and reputational damage.	Macleod, Rhoda	5	5	25	Very High	Service Level Agreement in development. COVID contingency planning in place.	5	5	25	Very High	31/3/22 - No change
3004	Staffing Shortages - Adult Mental Health Psychiatry & Old Age Psychiatry	Staff shortages and recruiting people to post is an issue.	McCormack, Colin	5	5	25	Very High	Use of locums for Old Age Psychiatry.	5	5	25	Very High	31/3/22 - No change
3005 & 3006	Staffing Shortages - Psychotherapy	Recruiting people to post with the right skill mix is an issue.	McCormack, Colin Paterson, Isobel	5	5	25	Very High	Psychotherapy - reviewing skill mix; redesigning roles, offering training opportunities and looking at using different grades of staff.	5	5	25	Very High	31/3/22 - No change
3007	Inpatient Estate - buildings	Poor accommodation and admitting capacity limited due to the estate being out of date and insufficient accommodation available.	McCormack, Colin	5	5	25	Very High	Issue has been escalated. Capital required to resolve.	5	5	25	Very High	31/3/22 - No change
3008	Inpatient Estate - fixture and fittings	Risk of harm to patients - ligature risks from fixture and fittings. Risk to organisation - potential fines from HSE. Highlighted in recommendations from Mental Welfare Commission Local Visits.	McCormack, Colin	5	5	25	Very High	Local mitigation measures in place to review ligature points.	5	5	25	Very High	31/3/22 - No change
3011	Disengagement / lack of contact with service users	There is risk of disengagement or lack of contact with service users due to Covid. There is lack of contact and face to face appointments. Risk of professions responding differently and this impacting upon other professions.	Paterson, Isobel	5	5	25	Very High	Use of RAG to prioritise which patients should be seen.	5	5	25	Very High	31/3/22 - No change
3084	Serious Adverse Event Reviews (SAERs)	Risk - lack of capacity to complete SAER's within timescales. Cause - lack of staff to undertake reviews/high volume of SAER's in system, including existing backlog. Effect - impact on outcomes for families affected; impact on system wide learning; and also meeting policy requirements.	Kerr, Jacqueline				Low	Communications issued to consultants reminding them that consultants are not required to be lead reviewer but can be on review team; this will allow capacity from other professions to support the process. Psychology have offered assistance to lead reviews. Report being prepared to enhance admin support and to conduct an external review of process Board wide. Additional external reviewers being recruited to complete reviews. New SAER Clinical Support Lead post in place and will also support review teams with clearing backlog.	5	5	25	Very High	31/3/22 - No change

			Initial Risk Level				Controls	Current Risk Level				Latest Update
						Extract of HSCP/Health risks from Datix (31st March 2022)						
3184	Missed Secondary Care Appointments - Outpatient Appointments	The risk and consequences are of no reflection of the Prison Health Care service but of the driver shortages within GeoAmey escort services. The HSCP have escalated the issue to Scottish Prison Services, GeoAmey and the Scottish Government and have implemented control mitigations in response to the situation. Risk - There has been approximately 250 outpatient appointments cancelled between September 2021 – January 2022. This has also led to failed appointments being recorded which results in new referrals being put on the system which leads to further delays. Cause - Due to staff driver shortages within GeoAmey escort services patients have been unable to be transported to secondary care outpatient appointments. Effect - This is impacting upon patients' health and there is increased risk around patient safety. This has also impacted upon the clinics patients were due to attend, due to the number of cancellations. Admin services have also been impacted through having to rearrange appointments. Some appointments have been cancelled more than twice.	Macleod, Rhoda	5	5	25	Very High	Issue has been escalated - the HSCP Chief Officer has written to GeoAmey Chief Executive, the HMP Inspectorate and the National Prison Care Network team to raise concerns. GeoAmey are actively trying to recruit additional drivers. Prison Health Care have up additional checks on patients via nursing staff and doctors. Extra GP clinics in place to support the patients.	5	5	25	Very High	31/3/22 - No change
3186	Seizures in patients	Head injury, alcohol and substance use and an epilepsy prevalence of 6% makes the likelihood of unwitnessed seizures high. The SPS estate does not permit bed alarms of personal epilepsy alarms to manage this risk.	O'Dowd, John	5	5	25	Very High	We will risk assess those with a history of frequent seizures to develop an epilepsy support plan. The estate is unfit for the care of people at high risk of unwitnessed seizures. We will advocate for a solution which can be put in place across all of the estate to manage this risk in collaboration with SPS. We will seek that as an interim measure, and where patients agree, that patients be put in shared cells. We will also ask that patients are managed on a Talk To Me basis until the alarms can be put in place for those at high risk.	5	5	25	Very High	31/3/22 - No change
3187	Risk of staff absence due to work related stress and risk to maintaining professional registration	Risk - staff absence due to work related stress and risk to maintaining professional registration. Cause - Insufficient SLT Staffing to Care Home and Hospice Residents. Service is currently operating at 2 wte less staff, approximately 1/3 of the staffing establishment appointed to/ working. Excessive workload and taking short cuts to maximise numbers of patients receiving a service. Effect - impacted and reduced staff wellbeing; staff not taking time for non -patient activities i.e. CPD; supervision; reflective practice; strategic care homes meetings staff compromising on quality to optimise quantity of output. Note: SLT is an Adult and Older Peoples service provided in Glasgow City - North East, North West and South, East Dunbartonshire, East Renfrewshire and West Dunbartonshire (Clydebank).	McCormack, Colin	5	5	25	Very High	Staff supervision and job planning to protect non-patient facing time; limits set on numbers of referrals/assessments to be actioned daily; monitor care quality and patient safety; monitor staff wellbeing and stress related to excessive workload. New posts approved 2021; HR/union issues have delayed recruitment and prevented full recruitment to be progressed 1.2 wte outstanding until resolution reached; 0.8 wte starting April 2022, this will have some limited positive impact.	5	5	25	Very High	31/3/22 - No change
3188	Risk to patients with Dysphagia	Risk of adverse outcomes for patients including physical harm and potential premature death due to unmanaged dysphagia. Cause - Insufficient SLT Staffing to Care Home and Hospice Residents. Patients unable to receive adequate and timely specialist SLT clinical assessment and care. Effect - increased hospital admissions; poorer outcomes for patients; increased distress for carers / family and impacted quality of life when not able to be reviewed for texture/diet changes Note: SLT is an Adult and Older Peoples service provided in Glasgow City - North East, North West and South, East Dunbartonshire, East Renfrewshire and West Dunbartonshire (Clydebank).	McCormack, Colin	4	5	20	Very High	New posts approved 2021; HR/union issues have delayed recruitment and prevented full recruitment to be progressed 1.2 wte outstanding until resolution reached; 0.8 wte starting April 2022, this will have some limited positive impact. Patients are being prioritised and staff are prioritising SLT clinical work over any other aspects of their role. Ad hoc assistance from other colleagues. These are interim measures and not sustainable.	5	5	25	Very High	31/3/22 - No change

				Initial Risk Level				Controls	Current Risk Level				Latest Update
		Extract of HSCP/Health risks from Datix (31st March 2022)											
3185	IT System - Vision	Vision IT System is not fit for purpose, this is outdated and does not link with other clinical systems. Speed of the system is problematic too. There is impact on staff time and governance as no access to care plans on EMIS. This is a national system and cannot be updated locally.	Macleod, Rhoda	5	4	20	Very High	Staff have to work around a convoluted system that it unfit for purpose.	5	4	20	Very High	31/3/22 - No change
3168	Medical Workforce Pressures	Risk of diminished Consultant Psychiatrist workforce. Cause - posts are becoming increasingly difficult to recruit to, including in response to steady rates of Consultant Psychiatrist retirements and resignations. Sickness absence from Covid19 is adding to these pressures.	Culshaw, Martin	5	4	20	Very High	Use of locums, both agency and NHS. A medical workforce strategy is currently being updated. Reviewing medical tasks to consider 'task-shifting', including recruiting/training Advanced Nurse Practitioners and Pharmacy Prescribers forms part of this. A benchmarking exercise is underway as part of a review of CMHT medical posts.	5	4	20	Very High	31/3/22 - No change
3143	Inpatients - Medical staffing	Recruitment challenges in medical staffing is impacting on capacity to manage beds across two sites. Despite large waiting lists (approx. 100), there are occasions when ward cannot accept admissions due to a lack of medical cover.	Gaffney, Kelda	5	4	20	Very High	Ongoing consideration of single site option for addiction inpatients, which would address the gaps in medical staffing. ANP being recruited in absence of Specialist Doctor.	5	4	20	Very High	31/3/22 - No change
3073	Adult Eating Disorder (AED) Inpatient beds	Risk - x4 AED beds within Armadale Ward does not meet demand. Patient care compromised across MH wards and Acute. Obs levels are unmanageable within wards, issues with errors with meal plans. Cause – Demands on staffing in Acute and MH wards is significant for AEDS patients. Effect - Obs levels unmanageable in general wards, staffing deficits are impacting capacity and treatment plans.	Gaffney, Kelda	5	4	20	Very High	Weekly MDT monitoring patient care. Community team in-reaching to wards. Violence reduction unit supporting ward staff. Review current staffing levels. Explore Eating Disorder specific ward. AEDS – looking at an alternative ward for ED beds and in the meantime are increasing community workforce capacity with new Scottish Government monies on a temporary basis to mitigate risks, to support patients who cannot be admitted to a bed and to discharge more timeously. Recent SG investment will enhance community service, with focus on preventing admissions, however current high level of patients in acute/MH inpatient settings who are unable to access ED specific beds.	5	4	20	Very High	31/3/22 - No change
3082	Auchinlea Consultant Psychiatrist Shortage	Due to 3 substantive consultants leaving for other posts,1 MAT leave and an outstanding vacancy Auchlinlea CMHT is in a critical situation for medical cover in the coming months. The pressures on the service and associated risks are: - Capacity to undertake detention for acutely unwell patients -Capacity to undertake CTO reviews -Capacity to respond to emergency medical assessments and tasks - Duty medic cover -Increased wait for routine assessments -Review of patients with high risk medication -Capacity to provide trainee and junior doctor supervision -Increased clinical activity within MDT -Staff work related stress and burn out, resulting in rise of absence - Risk of other staff leaving -Increased complaints and abuse to staff -Poor quality of care, increasing risk to patient safety -Add pressures to other services of the whole system	Paterson, Isobel	5	3	15	High	-Red-Amber-Green (RAG) approach to create capacity for those with greatest need and risk. -Identify capacity across NE Community Mental Health Team medical service. -Review processes and task, identify risks and plan for mitigation. 2 Locums and 2 secondments in place. Interviews in February for substantive staff grade. Pharmacy input started in Dec. Not required to move to RAG.	5	4	20	Very High	31/3/22 - 2 Locums and 2 secondments in place. Interviews in February for substantive staff grade. Pharmacy input started in Dec. Not required to move to RAG. No change to risk level.
3013	Increased demand for MHS due to Covid	Potential increase in demand of mental health services post Covid - long-term psychological damage. Demand unknown at this point.	Paterson, Isobel	4	5	20	Very High	Audit of demand on services with appropriate review points.	4	5	20	Very High	31/3/22 - No change

			Initial Risk Level				Controls	Current Risk Level				Latest Update
						Extract of HSCP/Health risks from Datix (31st March 2022)						
3014	Public Injecting	People who inject drugs (PWID) in public spaces results in increased health risks to individuals from unsafe injecting practices and to adverse community impacts. A full public health needs assessment of PWID in public places is contained in the Taking away the Chaos Report (https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf)	Gaffney, Kelda	5	5	25	**Very High**	-City centre outreach teams including mobile IEP (injection equipment provision), Waverly Care, Abbey Chemist and GDCC (Glasgow Drug & Alcohol Crisis Centre) to provide blood bourne virus (BBV)] testing and rapid referral to supporting BBV services, assessment of injecting risk, naloxone and wound management (WAND initiative) . - IEPs provide clean injecting equipment, advice on safe injecting, harm reduction and safe disposal bins to all people injecting drugs and accept used returns. - Ongoing monitoring of discarded needles nd public injecting with a rapid multi-agency response to deal with incoming complaints. - Close monitoring and engagement with wider partners re geographical hot spots e.g. Albion Street Car Park. - Liaison between Outreach teams and ADRS to engage and maintain people in treatment and care services. - Implementation of Taking Away the Chaos Recommendations where legally permitted. - A crisis team have recently been developed to respond rapidly to people who experience a near-fatal overdose.	5	4	20	**Very High**	31/3/22 - No change
2897	High level of illicit drug use impacting ability to deliver safe and effective service	High level of illicit drug use impacting ability to deliver safe and effective service. Disruptive to staffing, creates risks, impacts surgeries and clinics the next day as have to see the patients the next day.	Macleod, Rhoda	5	5	25	**Very High**	MORS policy in place. A review of clinical assessments processes and pathways will take place locally. There are also national discussions to review MORS. Ongoing dialogue with SPS senior management. Patients will be triaged from the scheduled clinic that is disrupted. SPS have recently implemented additional security measures to reduce the introduction of drugs in to prison. This is starting to have a positive impact. Situation will be monitored.	5	4	20	**Very High**	08/02/2022 - SPS have recently implemented additional security measures to reduce the introduction of drugs in to prison. This is starting to have a positive impact. Situation will be monitored. No change to risk level.
2907	Mental Health Services - Increased demand due to COVID	Potential increase in demand of mental health services post COVID - long term psychological damage. Demand unknown at this point.	MacDonald, Colin	4	5	20	**Very High**	Audit of demand on services with appropriate review points.	4	5	20	**Very High**	31/3/22 - No change
2350	Consistent high prisoner numbers	Risk of being unable to deliver core services.	Macleod, Rhoda	4	5	20	**Very High**	Constant review of resources and duties by management team.	4	5	20	**Very High**	31/3/22 - No change
2456	Psychological Therapies	Risk of deterioration of clients' health due to lack of Psychology services.	MacDonald, Colin	5	4	20	**Very High**	clients are seen by CMHT / Crisis Team , but may result in admission.	5	4	20	**Very High**	31/3/22 - No change
1703	Junior Doctors Cover	Junior Doctors out of hours rotas are stretched due to relatively low numbers on the rotas, as well as the ongoing presence of adult/older people's acute mental health care beds across 5 GGC hospital sites. Their viability may be further impaired by vacancies or sickness absence. This is a particular risk in Inverclyde due to the training scheme there now being on Enhanced Monitoring.	Culshaw, Martin	4	4	16	**High**	- Liaison with NHS Education for Scotland (NES) regarding recruitment, reviewing service configuration and employing Locum staff when necessary. - Increased demand for services and support during COVID-19 - Reduced staffing during COVID-19 - most critical for inpatient and crisis care, but also applicable to "routine" community services - Redeployment of medical staff/resources during pandemic. Risk remains high. - As part of the action plan in response to Inverclyde Junior Doctor training being placed on Enhanced Monitoring in October 2021, options for merging Junior Doctor rotas are being considered.	4	4	16	**High**	31/3/22 - No change
1705	Mental Health inpatient beds	Lack of beds (especially Intensive Psychiatric Care Uunit - IPCU) in GGC impairs patient access to appropriate care. Increased risk of patients having to board in inappropriate wards in terms of care group/acuity/function as part of contingency measures, thereby adversely affecting the safety and functioning of those wards.	Culshaw, Martin	4	4	16	**High**	Robust bed management system to highlight problems proactively in time to resolve. Weekly board wide bed huddle meetings are in place to review bed numbers and configuration; to identify contingencies for out of hour periods; and implement mitigations and actions. Contingencies include the use of Older People Mental Health (OPMH), Hospital Based Complex Clincal Care (HBCC) and Rehabilitation beds for adult admissions.	4	4	16	**High**	31/3/22 - No change
2081	System Change	Rapid system change and in particular staff turnover is a recognised factor potentially compromising patient safety.	Culshaw, Martin	4	4	16	**High**	Local governance arrangements and clinical networks created as part of the patient safety programme will help monitor and manage change, sharing findings with local managers and HSCP systems as appropriate. All changes related to Mental Health Strategy implementation are monitored through the Mental Health Programme Board. Tests of change are conducted as part of the change process.	4	4	16	**High**	31/3/22 - No change
1048	Psychological Therapies	Risk of targets not continuing to be met because of increase in workload.	MacDonald, Colin	4	4	16	**High**	Psychological Therapies Project Group Finance requires approval needed by CHP.	4	4	16	**High**	31/3/22 - No change

							Controls					Latest Update
				**Initial Risk Level**					**Current Risk Level**			

Extract of HSCP/Health risks from Datix (31st March 2022)

ID	Title	Description	Owner	I1	I2	I3	Initial	Controls	C1	C2	C3	Current	Latest Update
2900	Late Admissions	Late admission of patients due to virtual courts. Staff have to work beyond their scheduled shift finishing times. GeoAmey staff shortage has impacted escorting from courts to prisons as there are less drivers to escort patients, therefore waiting times are longer and admissions later.	Macleod, Rhoda	4	4	16	High	Staff rotas have been adjusted and staff are being paid overtime. There is an on-call support service available. The issue has been raised with Police Custody and meetings have taken place with the National Care Network.	4	4	16	High	31/3/22 - The HSCP Chief Officer has written to GeoAmey Chief Executive, the HMP Inspectorate and the National Prison Care Network team to raise concerns. No change to risk level.
2549	Alleged patient assaults HMP Low Moss	Increasing number alleged assaults on patients conveyed to various NHS staff within HMP Low Moss over past 12 months. Reported to NHS managers and SPS Governor and 5x5 document has been submitted to SPS intelligence unit as well as Datix report.	Macleod, Rhoda	5	4	20	Very High	The increase in these incidents has been escalated to NHS service manager. There are on going joint working approaches to review matters raised.	4	4	16	High	31/3/22 - No change
3017	Disengagement / lack of contact with service users	There is risk of disengagement or lack of contact with service users due to Covid; particularly within ADRS. There is lack of contact and face to face appointments. Risk of professions responding differently and this impacting upon other professions.	Gaffney, Kelda	5	5	25	Very High	Use of RAG to prioritise which patients should be seen.	4	4	16	High	31/3/22 - No change
3144	MAT (Medication Assisted Treatment) Standards Implementation	Significant resource required to deliver implementation of MAT Standards. To implement by April 2022 is unlikely in absence of SG investment. Recruitment challenges with medical/nursing/social care/psychology staffing will impact on implementation.	Gaffney, Kelda	4	4	16	High	22/12/21 - Bid has been submitted to SG MIST team for additional resource, meeting w/b 20/12/21 to discuss. Implementation Steering Group has been established and is considering range of roles and ways to mitigate recruitment challenges.	4	4	16	High	31/3/22 - No change
3165	Nursing shortage in Springpark	6 vacancies(B5+B6) 2 staff LTS(1 long covid) 1 STS absence(likely to be LT) OT due to resign to take up new job in another HSCP. NTL retiring in Feb and new NTL taking up role. Medical session- 2 days short due to locum cover doing 2 out 4 days.	Paterson, Isobel	4	4	16	High	Staff from Auchinlea and Arran are helping out with clinics and duty. 2 staff from PCMHT are helping out 2-3 per week with duty and clinics. Mobilising the staff has implication for their own areas, adding pressure onto workforce also not at full establishment. PCMHT assessment list will be negatively impacted. Agency and bank continues to be sought- 1 staff does 2 day per week. Caseload review to be arranged and manager meeting to discuss other options arranged for Tuesday 1st Feb	4	4	16	High	31/3/22 - no new nursing staff in post. New ax are breaching 4 weeks, monitor and review process in place. Arran centre supporting with new ax. No change to risk level.
3020	Budget over/Under spend	2021/22 budget. Budget pressures and funding gaps e.g. within Sexual Assault Referral Centre (SARC) and Learning Disability (LD). Lack of clarity from Scottish Government in relation to recurring element of new monies. We will not be able to deliver on Scottish Government renewal priorities for MH and ADRS.	Kerr, Jacqueline	3	5	15	High	Budgetary review processes in place. Adult Services Finance meetings in place to manage budget. Integration Transformation Board established to review savings plans.	3	5	15	High	31/3/22 - No change
3072	Communication / Telephone System not working	Risks to service users if individuals/professionals are unable to communicate with the service. Telephone system not working. May negatively impact on treatment and care delivery and could have significant health and wellbeing consequences.	Loudon, Irene	3	5	15	High	Alternative ""professionals"" phone line in place - details communicated centrally. Swinbox in place - to support alternative mode of communication. Highlighted via eHealth group and discussions ongoing with principal officer,comms world and CGI re: issue in many offices across the city. Staff direct numbers and mobiles circulated to all ADRS and NE Adult Services.	3	5	15	High	31/3/22 - No change
3015	Staffing Shortages - Learning Disability - Nursing Team	Staffing shortages NE LD Teams - Nursing.	Paterson, Isobel	3	5	15	High	Report has been presented to Adult CLG requesting additional staff at Band 6 and Band 5.	3	5	15	High	31/3/22 - No change
2895	RTA (Real Tubular Acidosis) Bloods	RTA Bloods not undertaken by nurses in GGHB as in other parts of Scotland. There is an issue with a single sample being taken and split between 2 vials, which is not a closed system, leading to a risk of needlestick injury.	Macleod, Rhoda	5	3	15	High	Ongoing dialogue with H&S and Infection Control. Issue being raised at National Network. Bloods are undertaken by Forensic Physicians.	5	3	15	High	31/3/22 - No change

			Initial Risk Level				Controls	Current Risk Level				Latest Update
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2672	Severe service disruption due to Covid-19 pandemic	Due to nationwide restrictions in force regarding restriction of contact with others patients may not receive requested intervention in a timeous fashion. Staffing levels will also be impacted by self-isolation restrictions in force.	Macleod, Rhoda	5	4	20	Very High	National guidelines.	3	4	12	High	31/3/22 - No change
1429	Failure to meet Access/Discharge Targets	Failure to meet Access/Discharge targets	Kerr, Jacqueline	4	4	12	High	Working group established, Links with Social work, Funding, Continue to monitor/audit delayed discharges with acute. Integrated discharge teams employed across the Inpatient sites to address the issue.	3	4	12	High	31/3/22 - No change
2807	Failure of medical and nursing staff to maintain revalidation	Loss of clinical staff during period of investigation and resolution; impact on waiting times, patient experience, staff stress.	Metcalfe, Rebecca	3	4	12	High	Robust review of renewal and reminders in place. Standard Operating Procedure (SOP) updated	3	4	12	High	31/3/22 - No change
3019	Student - Allied Health Professionals (AHPs), Nurses	Risk of lack of clinical placements and therefore need to mitigate for potential skills gaps upon qualification/commencement of employment. Risk of availability of courses in terms of numbers of students applying. Strategic risk of supporting the workforce going forward and what this will look like.	Kerr, Jacqueline	3	4	12	High	Working with Higher Education Institutions (HEIs) and NES to think creatively about creating alternative student placements/experiences, use of digital technology etc.	3	4	12	High	31/3/22 - No change
3142	Lone Working	Clinical staff working within CMHT are lone working in the community setting without sufficient safety measures in place to protect their safety from patients, carers, and members of the public.\n\nLone working Risk assessment has highlighted this a high risk with improvements to be made.	Smith, Katy	3	4	12	High	CMHT currently have lone worker system in place by way of duty worker checking staff whereabouts twice daily. Staff also have mobile phones available.	3	4	12	High	31/3/22 - Devices received. Staff asked to complete training. All forms completed for reliance contact escalation protocol. yet to implement - will co-ordinate once staff have done their training.